

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022791

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 36

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0440

2 0440

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>HOLT</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BENTON TWP.</u> | | c. CITY OR TOWN <u>MOUND CITY</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi N. MOUND City</u> | | d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Dorothy</u> Middle <u>LOUISA</u> Last <u>MOSS</u> | | 4. DATE OF DEATH Month <u>JULY</u> Day <u>3</u> Year <u>1962</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/9/1914</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beauty operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Beauty shop</u> | |
| 11a. BIRTHPLACE (City and state or country) <u>Bigelow, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>UNITED STATES</u> | |
| 13a. FATHER'S NAME <u>William H. Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>SELMA Smith</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>VAUGHN MOSS</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT <u>2 VAUGHN MOSS JR. MOUND City, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DEATH FROM GUN-SHOT WOUND IN CHEST.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Killed By #4 SHOT, 16 GAUGE SHOT GUN, DISTANCE 25-30</u> | |
| 20c. TIME OF INJURY Hour <u>6:00</u> a.m. <u>PM</u> Month, Day, Year <u>7-3-62</u> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM - 1 mi N. MOUND CITY, Mo.</u> | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION <u>HOLT</u> COUNTY <u>MO.</u> | | |
| 21. I attended the deceased from <u>NO.</u> to <u>NO.</u> and last saw her alive on <u>NO.</u> Death occurred at <u>OR ABOUT 6 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Howard E. Collier D.O. Coroner</u> | | 22b. ADDRESS <u>(Holt Co) Oregon, Mo.</u> | |
| 22c. DATE SIGNED <u>7-5-62</u> | | 23. LOCATION (City, town, or county) (State) <u>MOUND City, Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>7-6-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u> | 23d. LOCATION (City, town, or county) (State) <u>MOUND City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>JAMES H. CRAWFORD, MOUND CITY, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-6-1962</u> | |
| 26. REG. STRAR'S SIGNATURE <u>James H. Crawford</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 31 1962

JUL 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James H. Crawford

Licensed Embalmer No.

4796

P. O. Address

Thousand City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.